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Bib Data Sheet

CONFIRMATION NO. 8615

SERIAL NUMBER 09/477,021	FILING OR 371(c) DATE 01/03/2000 RULE	CLASS 709	GROUP ART UNIT 2176	ATTORNEY DOCKET NO. CISCO-1340
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

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